

Reflecting back to move forward

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I was fortunate to attend this year's Canadian Society of Respiratory Therapists Annual Education Conference in Niagara Falls recently. With workshops and presentations spanning chronic disease management to critical care medicine, along with exhibitors showcasing the latest technologies in respiratory care, the conference offered a rich breadth of information to inform and advance respiratory care across the continuum. This venue also provided me the opportunity to further reflect upon a timely and important custom being adopted at such gatherings: territorial acknowledgements. In recent discussions with colleagues we discussed the importance of this custom and the historical contexts from which it arose.

With the establishment of European settlements in new lands, colonists introduced the social constructs of "race" and "culture." These constructs were employed to differentiate between the colonizer and the colonized as justification for creating unequal power balances with the indigenous populations of these new lands. These power imbalances have been used in an attempt to eliminate the identity and practices of Aboriginal Peoples in Canada – First Nations, Métis, and Inuit Peoples. Moving forward, sections of Canada's *Indian Act* were employed that banned traditional healing practices, ceremonies, and dispossessed Aboriginal Peoples of land and limited their self-governance [1–3].

The effects of colonialism are not limited to Aboriginal Peoples. The constructs introduced as a result of imperialism, especially the concept of the "Other"—in which the dominant groups withhold power from other groups, based on identity, and view these groups as inferior—have given rise to the Social Determinants of Health [4, 5]. These Social Determinants of Health, including race, gender, socioeconomic status, (dis)ability, sexual identity, education, and housing, in turn lead to health inequities experienced by different communities within the population [6]. Logically then, it can be argued and is general consensus across many health care communities that contemporary health inequities are a result of historical colonialism.

While it is useful to examine the historical acts of colonialism to provide context to the current situation, it is worth considering whether we are still in an active if not more subversive phase of colonization. Indeed, the *Indian Act* and many other key policies designed to consolidate power within dominant groups are still alive and well in Canada. My work among communities that have had social power withheld from them by a dominant class, within this context, ensures that I see first-hand the effects of health inequities disproportionately experienced by these communities. However, health inequities are not only apparent at the population health level; indeed, downstream



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outcomes across the continuum of care are seen, from primary to tertiary care [6].

Groups such as the American College of Physicians and the World Health Organization have recommended that health care professionals be versed in the Social determinants of Health, their downstream effects, and the systemic root causes of such in an effort to provide the best care possible and to address and combat health inequities. Incorporating post-colonial perspectives at all levels of education has also been advocated to contextualize these health disparities and promote health across social strata [3, 6, 7].

Territorial acknowledgements, whether that be in class, in meetings, at conferences, or in our own daily lives, offer opportunities to advance these

considerations and discussions. There is a risk of the practice of territorial acknowledgement becoming a dehumanizing habitual act, with many institutions having developed scripts that may be used verbatim. However, in my own practice, I have taken the example of some of my mentors to use it as an opportunity to reflect professionally, but perhaps more importantly, personally, on how historical contexts have shaped the health landscape today, while inviting those in attendance to do the same. As such, I do not adhere to these institutional scripts, opting instead to draw links between health inequities brought on by colonialism and the information I am discussing.

I invite our readers to reflect upon these considerations while reviewing the new articles we have published. I especially encourage those unable to attend this year's conference to explore the conference proceedings ("Proceedings from the Canadian Society of Respiratory Therapists Annual Education Conference: May 9-11, 2019; Niagara Falls, Ontario," 2019 [8]), available online currently! Please check our website often and regularly for new articles as they are published.

I would like to graciously thank one of my colleagues and mentors, Dr. Nathan Lachowsky, for starting and continuing this conversation with me, and for providing valuable feedback on this message!

A handwritten signature in black ink, appearing to read 'Justin Sorge'.

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